

MU Intellectual Pluralism Report Form

Course Number:

Semester:

Course Name:

Your Name:

Your Student Number:

Your Email Address:

Your Phone Number:

Instructor Name:

Instructor Department:

Instructor Office # and Building

Your comment, concern, complaint, story:

(Please be as detailed as possible, including quotes from your instructor where applicable.
Please attach any supporting documentation.)

Your signature

Date

**Send this form, and all accompanying information and documentation,
to the Office of the Provost, 114 Jesse Hall.**